

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213526692			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: ALPHA PHI ALPHA, XI ALPHA LAMBDA CHAPTER, IRADORSEY SCHOLARSHIP ENDOWMENT FUND, INCORPORATED</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CHESTER F JOHNSON 6404 GAYFIELDS RD ALEXANDRIA, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 6/30/2013</p> <p>SCC ID NO: 04297222</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: POST OFFICE BOX 523167</p> <p style="margin-left: 40px;">CITY/ST/ZIP: SPRINGFIELD, VA 22152</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> NAME: DAVID WOODS TITLE: DIRECTOR ADDRESS: 9705 THORNCREST DR CITY/ST/ZIP/CO: FT WASHINGTON, MD 20744 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAVID WOODS TITLE: DIRECTOR ADDRESS: 9705 THORNCREST DR CITY/ST/ZIP/CO: FT WASHINGTON, MD 20744	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	RICK A. DORSEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2601 PARK CENTER DR. APT# C-805		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22302		
NAME:	ROBERT DUTCHIE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9644 MCCARTY DRIVE		
CITY/ST/ZIP/CO:	FT. BELVOIR, VA 22060		
NAME:	CHESTER JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6404 GAYFIELDS ROAD		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22315-3667		
NAME:	W. EARL NICKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8205 WOBURN ABBEY ROAD		
CITY/ST/ZIP/CO:	GLENN DALE, MD 20769		
NAME:	PAUL G. PATTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9702 TINY COURT		
CITY/ST/ZIP/CO:	BURKE, VA 22015		
NAME:	EARL T. RICHMOND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12216 KINGWELL STREET		
CITY/ST/ZIP/CO:	MITCHVILLE, MD 20721		
NAME:	DARRYL W. SHARP, SR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3731 ROXBURY LANE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22309		
NAME:	LAWRENCE J. SHORTEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13409 GLEN TATLOR LANE		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		
NAME:	CLIFFORD M. WILBORN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10632 HEATHER GLEN WAY		
CITY/ST/ZIP/CO:	BOWIE, MD 20720		
NAME:	WILLIAM O. WADE, III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8418 SEGOLILY COURT		
CITY/ST/ZIP/CO:	LORTON, VA 22079		
NAME:	EL GARDNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	15448 MARSH OVERLOOK DR.		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22191		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHAUNCEY POINTE TREASURER 3542 MOON WAY WOODBIDGE, VA 22193	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES HAWKINS DIRECTOR 2007 GRIFFIN DRIVE ALEXANDRIA, VA 22307	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COREY R. HOLEMAN DIRECTOR 16350 KRAMER ESTATE DRIVE WOODBIDGE, VA 22191	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMEEL A. SCOTT DIRECTOR 5505 SIMINARY ROAD FALLS CHURCH, VA 22041	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	XAVIER J. STORR DIRECTOR P. O. BOX 2665 UPPER MARLBORO, VA 20773	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ CHESTER JOHNSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHESTER JOHNSON, DIRECTOR PRINTED NAME AND CORPORATE TITLE	6/6/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		